

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1								51		
2							52				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.	C1		↓				TOTAL IND.		↓		
TOTAL DEP.	24	←	↓	←	↓	←	TOTAL DEP.		↓	←	
TOTAL CLAIMS	34	██████████	██████████	██████████	██████████	██████████	TOTAL CLAIMS	██████████	██████████	██████████	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy